## COMMONWEALTH OF VIRGINIA Department of Education P. O. BOX 2120 101 North 14th Street RICHMOND, VIRGINIA 23218-2120

## REQUEST FOR PROPOSALS COVER SHEET

| RFP#:  | TSP-2004-02   |  |
|--|---|--|
| Issue Date:  | March 8, 2004   |  |
| Title:   | Turnaround Specialist Program   | n for Virginia School Leaders                      |
| Commodity Code:  | 92419   |  |
| Issuing Agency:  | Virginia Department of Educa  | tion, P.O. Box 2120, Richmond, Virginia 23218-2120 |
| Street Address:  | Virginia Department of Education, Office of Program Administration and Accountability, Monroe Building, 23 <sup>rd</sup> Floor, 101 North 14 <sup>th</sup> Street, Richmond, Virginia 23219 |  |
| Using Agency:  | Virginia Department of Education  |  |
| Period of Contract:  | Beginning with Date of Award; Ending date to be determined based upon contracts awarded for each component of the RFP; Extension Options Pending Availability of Funding                    |  |
| Sealed proposals will be received until 11 a.m. on, Monday, March 22, 2004, for furnishing the services described herein. No proposal will be accepted after this date and time unless modified by addendum.   |   |  |
| All inquiries, questions, and requests for information <u>must</u> be directed to: Dr. Linda Wallinger, acting director, Office of Program and Administration and Accountability, Division of Instruction, Virginia Department of Education, by e-mail at <a href="mailto:lwalling@mail.vak12ed.edu">lwalling@mail.vak12ed.edu</a> .   |   |  |
| Note: This public body does not discriminate against faith-based organizations in accordance with the <i>Code of Virgini</i> a, § 11-35.1 or against a bidder or Offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment. |   |  |
| In compliance with this Request For Proposals and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.  |   |  |
| Name of Offering Party/Orga  | nization  | Date   |
| Street Address #1  |   | Signature of Authorizing Official                  |
| Street Address #2  |   | Name of Authorizing Official (Please Print)        |
| City, State, and Zip Code  |   | E-mail Address                                     |

\*PRE-PROPOSAL CONFERENCE: No pre-proposal conference will be held for this effort.

FEI/FIN Number

Telephone Number – Include area code